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7596
Daniel Roy Stewart
817 Simon: Avenue
Salt Lake City, UT 84

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Daniel R. Stewart	: Depo (a's name)
Daniel Stewart	: (signature)
Dec 8 79	: (Date)

APPLICATION NO.	FILE DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
1366,8124	6/21/2013	Daniel Roy Swart		61003

Daniel Roy Stewart

FULL-UP INVENTION; COMBINATION WAST PACK WHICH UNFOLDS TO PROVIDE A PROJECTIVE ATTACHMENT SUCH AS A SEAL
 POSITION, WATER RESISTANT OR MELT-PROTECTIVE BARRIER TO KNIFE OR LAY-DOWN UPON, OR OTHER APPAREL OR TAILED ARTICLES
 PROVIDING PROTECTION TO VARIOUS PARTS OF A PERSON FOR USE IN COLD-WEATHER

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	EXAM. P. ADJUS. FEE	TOTAL FEE/CHARGE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	12/18/2009

EXAMINER	ART UNIT	CLASSIFICATION
ELKINS, GARY H	3723	224-67260

Change of correspondence address notification of "The Address" (37)
 1. ☐ Change of correspondence address for Change of Correspondence Address Form #OASB-127, attached.
 2. ☐ The Address indication on "The Address" indicator form #OASB-91, new old, or more recent, attached. Use of a Customer Number is recommended.
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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT OFFICE OF TYPE	ASSIGNOR, AND SERIAL NO. OF PATENT
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FALSE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recording as set forth in 37 CFR 3.11. A calculation of this form is NOT a substitute for filing an assignment.

B) PRESENTENCE: (CITY, and STATE OR COUNTRY)

145 146 147

Source checked the appropriate asset category or categories (will not be printed on this form): ☒ Individual ☐ Corporation or other private group/entity ☐ Government

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Authorized Signature _____

Typed or printed name Daniel R. Stewart

[illegible]

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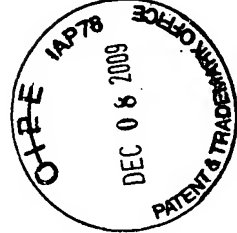
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PAGE 1/2 * RCVD AT 12/8/2009 3:42:43 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/31 * DNIS:2732885 * CSID:801 519 8089 * DURATION (mm:ss):01-02

12/09/2009 HVUONG2 00000046 10618124

01 FC:2501	755.00 DP
02 FC:1504	300.00 DP



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

09/18/2009

Daniel Roy Stewart
817 Simond: Avenue
Salt Lake City, UT 84116



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/618,124	07/11/2003	Daniel Roy Stewart		4092

TITLE OF INVENTION: COMBINATION WAIST PACK WHICH UNFOLDS TO PROVIDE A PROTECTIVE ACCESSORY SUCH AS A SEAT CUSHION, WATER RESISTANT OR INSULATED BARRIER TO KNEEL OR LAY DOWN UPON, OR OTHER APPAREL OR PADDED ARTICLES PROVIDING PROTECTION TO VARIOUS PARTS OF A PERSON FOR USE IN OUTDOOR S

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	12/18/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
ELKINS, GARY E	3782	224-577000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2	_____
3	_____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☐ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check is enclosed.
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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